Little Traverse Bay Bands of Odawa Indians

Education Department

PARENT REFERRAL FORM

Student:	Parent or Guardian:	
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Address:	City/State:	3.70,
Home phone:	Work phone:	40 X A
Cell phone:	Email:	
Name of School:	Teacher:	Grade:
REASONS FOR REFERRAL Check as	many areas as appropriate:	142
ACADEMIC		
Incomplete work W. Lack of understanding of course we Individual tutoring needed to help Loss of interest in grades or achiev Does not bring class materials (book Needs Organizational assistance BEHAVIORAL will refer to LTAREAS OF CONCERN:	ork with content vement ok, etc.) on a regular basis	ing in this subject
What actions have you already tak Check as many as appropriate: Shared concern with student Guidance Counselor contact Teacher contact Comments:		

WAGANAKISING ODAWA

RELEASE OF INFORMATION

Academic Year	Grade				
Student's Printed Name					
Student's Academic Institution					
Special terms that apply:					
Education Department means the Education Department of Little Trave	erse Bay Bands of Odawa Indians.				
IEP means the Individual Education Plan for the student developed by	the parent, staff, and appropriate agencies.				
Press Release means any form of public notifications i.e. Tribal newsletter, Annual Community Meeting, bulletin boards, Tribal website, and brochures.					
School means any division of a public school system or any charter, trib	pal or private school.				
Special Achievements means events worthy of certificates, publications such as a dissertation or thesis, Dean's list or other lists of academic achievements, and employment after graduation. Student records means an official copy of the student's records not included in the student's transcripts to date of the request, which may include attendance, discipline, or other assessments. Transcripts mean an official copy of the student's courses, grades, and grade point average to date of the request.					
				Tribe means the Little Traverse Bay Bands of Odawa Indians or the Wa	ganakising Odawa.
				Other LTBB Government Departments means departments other than Education such as Enrollment, Human Services, etc.	
institution, or other LTBB Government departments as stated above. I	ed by the appropriate agencies and staff. I authorize the LTBB Education fic needs. I also authorize the Education Department to submit press				
Signature of Parent or Legal Guardian:	Date:				
Signature of Education Director:	Date:				
Department Use					
Staff person assigned:					
Date of contact with school and contact name:					
Actions Taken:					
Date of follow up:					
Scheduled time to meet with student:					
Comments:					